NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

DEB CORPORATION

ACCOUNTS RECEIVABLE DEPT

P O BOX 1111

ANYWHERE NC 22222

NAME	NUMBEF 34444X			REPORT SEQ. N	UMBER	17		DATE	12/13/ <u>1999</u>	PAGE	3	i
RECIPIENT ID	SERVICE DATES FROM TO MM DD CCYY MM DD CCY	OR	DURE/ACCOMMO		TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLAN TION CODES
CLAIMS PAYMENT SUMM	IARY											
	CLAIMS PAID	A PAID CLAIMS AMOUNT	B WITHHELD AMOUNT(*)	C NET PAY AMOUNT (A-B)	D CREDIT AMOUNT		E NET 1099 AMOUNT (C-D)	F IRS WITHHELD AMOUNT	G POS & EDI	H OTHER W/H	(1	I DJUSTED NET PAY C-F-G-H)
CURRENT PROCESSED	25	11555.00	2220.60	9334.40	.00		9334.40	.00	.00	.00		9334
YEAR-TO-DATE TOTAL	225	98200.00	4800.00	93400.00	.00		93400.00	.00	.00	.00		93400
PLEASE VERIFY THE FOL NUMBERS ARE INCORRE	CT, PLEASE SEND CO EDS PO BOX 30000	RRECTIONS TO:		SIGNED TO YOU. IF	ANY OF THE							
	CLIA - NONE ASSIGN UPIN - NONE ASSIGN											
THE FOLLO		NED	ATION CODES UT	ILIZED THROUGHO	UT THE REPO	RT						
2243 TRAN 2245 TRAN 2247 TRAN	UPIN - NONE ASSIGN	NED ON OF THE EXPLANA SYSTEM ADJUSTMEN OM SYSTEM ADJUSTMEN ROM SYSTEM ADJUSTMEN	NT TO ACTIVE PR STMENT TO ACTIV STMENT TO ACTI	ROVIDER WITH SAMI VE PROVIDER WITH IVE PROVIDER WITH	E TAX I.D. OR SAME TAX I.I I SAME TAX I.	GINAL PRO D. ORIGINAL D. ORIGINA	PROVIDER IS L PROVIDER I	S NO LONGER AC	CTIVE			

NOTE: <u>Underlined</u> items are fields that were expanded in order to become Y2K compliant